

CITY OF ST. PAUL

OFFICE OF LICENSE, INSPECTIONS AND ENVIRONMENTAL PROTECTION 350 ST. PETER STREET, SUITE 300 ST. PAUL, MINNESOTA 55102-1510

ELEVATING DEVICEPERMIT APPLICATION

Section I - INFORMATIONAL

	N	lumber		Street Na	me	St. Ave	e. Blvd.	Etc.	NSEW	Suite/Apt	. Buildi	ng Name	Date	
PROJECT ADDRESS	.													
Contractor							Address Phone					ne		
							City State, Zip+4							
(Include Contact Person) Property Owner								(P	ermit will	be mailed to th	ne Contractor's		20	
							Address Phone City State, Zip+4							
(Include Contact Person) New Repair Modernization							Estimated ESTIMATED VALUE OF WORK							
							Start Date Estimated				,			
Commercial Residential Enter Number of Dwelling Units							l on Date							
Section II Scope of Work (See Back of Form for fee schedule.)														
Unit Data Circle to Indicate Passenger Freight Escalator / Accessibility Limited Moving Walk Lift** Limited									Materia	al Lift D	umbwaiter	Other:		
Manufacturer Number	urer Manufacturer Make				Capacity (Pounds) Speed F			FPM Car Weight (pounds)			Description of Car Enclosure		Number of Entrances	
• •	Center Openin	Sid g Slid		Two Speed Side Slide		Speed er Openin		i-Parting	Pow	ver Operated Parting	Swing	Other		
Class of Loading	A	B C1	C2	2 C3		Safety D Type		A E	3 C	Broken Ro	Net Inst Square l	ide Platform Ar Feet:	ea	
Equipment Data Circle to Indicate	Eleva Lift T		action	Hydra	ulic	Roped Hy	draulic	Gea	arless	Drum	Other:			
Machine Shea	ive		Motor	r HP	Operating P	ressure	Norr	nal	Full	Relief	Govern	or Flyball	Centrifugal	
Size (Inches) Hoistway Data	Numb Floors			Number of Openings	PSI	Travel	Feet	Inches	Hoist Ropes	Quantity	Size (inches)		ze	
Circle to Indicate	Piston Diameter Type of Oil Sprin								City Numb	er of Unit:				
Guide Rails Type/Weight	Car			Counterwe	ght					(Enter# for F	Renair / Moderniz	ation Permit -Leave	Rlank for New)	
	Brief de	scription of job	, location	in building, floo	r, and other com	nents:				(Enter ii 1011	topan / Hodomi	auton I offine Boure	Skiller for from,	
								SUMMARY OF FEES						
								FAX IT? Permit Fee (See Back of Form) \$						
									like your per 1?	mit	(,			
Section III - AUTHORIZATION								Yes	State Surcharge (See Back of Form) \$					
Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for								No If yes, enter		, L	Total Permit Fee	\$		
which this permit is issued.								fax#	fax#					
Applicant's Signature (Master Elevator Constructor License Holder)								Payment may be made by Credit Card.						
Please complete the following Information. Circle the Card Type. '								Master Card Expiration Date:						
ENTER YOUR ACCOUNT NUMBER IN THE BOXES:											/Ionth /Year °			
											\rightarrow	Month	Year	
Approving Inspectors Initials Badge of Inspector							r Assigned to Permit Please S			ign & Date below. Signature of Card Holder required for all				
<u></u>														

If you are paying for your permit by *MasterCard* or *Visa*, you may fax your application. The credit card information section must be filled in and signed.

Our FAX number is 651-266-9124.

If paying by check, please mail the application and the check to us.

Effective 7-31-95

INSTRUCTIONS FOR FEE CALCULATION

New construction, repairs and modernization of existing devices:

One and 1/2 percent of (.015 times) the total valuation of the work with a minimum fee of \$75.00.

The State surcharge is based on the valuation of the job:

\$1.00 to \$1000.00 is a 50ϕ surcharge. \$1001.00 and up is .0005 times the value of the job.

ALL WORK MUST COMPLY WITH THE LATEST ADDITION OF A17.1.

** Limited Use / Limited Access or Accessibility Lift **

Prior approval is required for installation. Contact the Elevator Inspector between 7:30- 9:00 at 651-266-9010.

If you have any questions, please call the field inspector, 651-266-9010. Field Inspectors Office Hours are 7:30 to 9:00 a.m., Monday through Friday.

Permit Fee Information: 651-266-9090.